

## STATE OF UTAH - LABOR COMMISSION

## Division of Adjudication

160 East 300 South, P.O. Box 146615

Salt Lake City, UT 84114-6615

(801) 530-6800 1-800-530-5090 TDD (801) 530-7685

**DEPENDENT'S BENEFIT INFORMATION**

Insurance Carrier Claim Number \_\_\_\_\_ Name of Decedent \_\_\_\_\_

Date of Industrial Injury or Occupational Disease \_\_\_\_\_ Date of Death \_\_\_\_\_

Employer Name \_\_\_\_\_ Industrial Carrier/TPA (circle one) \_\_\_\_\_

JOB(s) ON DATE CLAIM AROSE	WAGE PER HOUR	HOURS WORKED PER WEEK
TOTAL WAGES PER WEEK FOR ALL JOBS =		

## Dependent Information

NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	BIRTH DATE	PRESENT ADDRESS (Including State/City/Zip)

This claim has been (check one): Accepted in full \_\_\_\_\_ Accepted in part \_\_\_\_\_ Denied \_\_\_\_\_

If all or part of the claim has been denied, please attach a separate explanation.

## ADJUSTER/AUTHORIZED AGENT CONTACT INFORMATION

Name \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Copies of death certificates, marriage certificates, birth certificates of dependents, and relevant court orders including decrees of divorce must accompany this form.